

**JUVENILE CRIME ENFORCEMENT AND ACCOUNTABILITY
CHALLENGE GRANT II**

All funded projects are to use this form to prepare their semi-annual progress report. Projects with multiple programs must provide separate information for each component.

A. General Information

County: _____ Contract Number: _____

Reporting Period: From _____ To _____

Progress Report Number: _____

B. Fiscal Overview (Total For All Challenge Grant Programs)

	Grant Funds	Match Funds	Total
1. Total expenditures at the end of this reporting period.			
2. Balance of funds remaining at the end of this reporting period.			
3. Were any individual budget line item changes, under 10%, made during this reporting period?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, explain:

4. Were any individual budget line item changes, over 10%, made during this reporting period? ☐ Yes ☐ No

If yes, was a Budget/Program Modification (Form CG002) submitted and approved by the BOC? ☐ Yes ☐ No

If yes, please identify the modification number and the date approved. Project Modification Number: _____ Date Approved: _____

If no, please explain:

C. Personnel Overview

1. Have all grant funded positions been filled? ☐ Yes ☐ No

If no, explain:

2. Are staff, paid with grant funds, performing grant-related duties? ☐ Yes ☐ No

If no, explain:

3. Are there any current, or anticipated, personnel issues that may impact the project? ☐ Yes ☐ No

If yes, explain:

4. Were any subcontracts or MOU documents finalized during this reporting period? ☐ Yes ☐ No ☐ N/A

5. If yes, have copies been provided to the BOC? ☐ Yes ☐ No

If no, explain:

Note: If you have obtained signed subcontracts or MOU's during this reporting period and have not already provided copies to the BOC, please attach them to this progress report.

D. Community Involvement (counties with multiple locations/programs must report this information separately for each program component).

Program Component Title:

How many new volunteers were selected to participate in the project during this reporting period?

Adult	Juvenile	Total

What was the total number of all volunteers participating in the project during this reporting period?

How many volunteer hours were recorded during this reporting period?

How many volunteer hours have been recorded since the start of the Program?

E. Data Overview (Counties With Multiple Programs Must Report This Information Separately for each Program Component).

Program Component Title:

1. Program Narrative:

Provide a narrative which describes activities and outcomes during the reporting period for each of the following: Program Implementation, Program Administration, and Program Evaluation. Include descriptions of any program modifications made during the reporting period, progress made in achieving program objectives, problems encountered during the reporting period and steps taken to resolve them, and anecdotal or other information on program successes. Also describe major upcoming program events and activities.

2. Program Evaluation Checklist:			
Complete the following program evaluation checklist and explain any “yes” responses in the space provided:			
With respect to Program Evaluation, we have experienced problems with:			
1. Achieving Sample Sizes Targeted for This Point in the Research	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2. Implementing Planned Approach for Assigning Cases to Treatment and Comparison Groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
3. Maintaining Confidentiality as to Subjects Being Assigned to Treatment and Comparison Groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
4. Implementing Reliable Measures of Operationally Defined Independent and Dependent Variables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
5. Obtaining Needed Research Assistance and Expertise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
6. Implementing the Approved Research Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
7. Obtaining A Complete Set of Data on Research Subjects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8. Obtaining Data on Research Subjects in a Timely Manner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
9. Being Up to Date on Entering Collected Data into the Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
10. Collecting Common Data Elements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
11. Being on Track with Originally Stated Timelines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
12. Other (Describe: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Elaborate on any “yes” responses:			
F. Case and Outcome Information (Counties with Multiple Programs Must Report This Information Separately for each Program Component.			
Complete Tables 1 and 2 and enclose a diskette with updated information for all common data elements. (See BOC Announcement #97-A11 for ASCII file specifications.)			
Table 1: Program Participant, Case Assignment and Case History Information			
County:	Program:	Reporting Period ¹ :	
CASE ASSIGNMENT SUMMARY	Treatment	Comparison	
Cases Assigned as of Start of Reporting Period			
New Cases Assigned During Reporting Period			
Total Cases Assigned as of End of Reporting Period			
Projected Total Cases Assigned by End of Next Reporting Period			
Projected Total Cases Assigned by End of Program			
Total Active Cases (i.e., Program Participants) as of Start of Reporting Period			
Total Active Cases (i.e., Program Participants) as of End of Reporting Period			

¹ Reporting Periods: February 15, 1998; August 15, 1998; February 15, 1999; August 15, 1999; February 15, 2000; August 15, 2000

	As of Start of Reporting Period		During Reporting Period		As of End of Reporting Period	
CASE HISTORY SUMMARY	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison
Total Cases Who Completed Program Requirements						
Total Cases Who Failed to Complete Program Requirements						
Total Cases Who Dropped Out of Program Through No Fault of Their Own						
Total Cases Assigned to Follow-up Period						
Total Cases Who Completed Follow-up Period						
PROFILE OF PROGRAM PARTICIPANTS (AT ENTRY) (All cases [Cumulative])					Treatment	Comparison
Female (Percent Cases <i>within group</i>)						
Male (Percent Cases <i>within group</i>)						
601 or 602 Ward (Percent Cases <i>within group</i>)	Now					
	In Past, But Not Currently					
	Never					
On Informal Probation (Percent Cases <i>within group</i>)	Now					
	In Past, But Not Currently					
	Never					

Table 2: In-Program and Outcome Information

		Treatment ²		Comparison ³	
Conduct during program (i.e., Intervention period) (All cases [Cumulative])		Number	Percent	Number	Percent
Arrest Resulting in Referral to Probation					
Petition for Criminal Offense Sustained/Convicted of Criminal Offense in Adult Court					
Wardship Status at end of Intervention Period	Ward				
	Not a Ward				
Completed Probation	Yes				
	No				
	Does Not Apply (Not on Probation at Program Entry)				
Completed Restitution	Yes				
	No				

² Number and Percent of Cases in Treatment Group

³ Number and Percent of Cases in Comparison Group

⁴ See Common Data Element #'s 36, 41, 47, 50, 52, and 54

	Does Not Apply (Not Assigned at Program Entry)				
Completed Court-Ordered Work Program or Community Service	Yes				
	No				
	Does Not Apply (Not Ordered at Program Entry)				
		Treatment³		Comparison⁴	
CONDUCT DURING FOLLOW-UP PERIOD⁵ (<i>All cases</i> <i>[Cumulative]</i>)		Number	Percent	Number	Percent
Arrest Resulting in Referral to Probation					
Petition for Criminal Offense Sustained/Convicted of Criminal Offense in Adult Court					
Wardship Status at end of follow-up Period	Ward				
	Not a Ward				
Completed Probation	Yes				
	No				
	Does Not Apply (Not on Probation at Program Entry)				
Completed Restitution	Yes				
	No				
	Does Not Apply (Not Assigned at Program Entry)				
Completed Court-Ordered Work Program or Community Service	Yes				
	No				
	Does Not Apply (Not Ordered at Program Entry)				

⁵ See Common Data Element #'s 38, 44, 48, 51, 53, and 55

G. Authorized County Signatures

Person Preparing The Report	Project Fiscal Officer	Project Manager
Signature	Signature	Signature
Name	Name	Name
Title	Title	Title
Date	Date	Date
Telephone #	Telephone #	Telephone #

**Mail to: Board of Corrections
Corrections Planning and Programs Division,
600 Bercut Drive
Sacramento, CA 95814-0185 or
FAX to: (916) 445-5796.**

Date Progress Report was received at the BOC: _____